

TRANSMITTAL FORM

| | |
|---------------------------|------------------|
| Application Serial Number | 09/547,474 |
| Filing Date | April 12, 2000 |
| First Named Inventor | Sanders |
| Group Art Unit | 2611 |
| Examiner Name | Son P. Huynh |
| Attorney Docket No. | SEA-036(6) |
| Patent No. | Not yet assigned |
| Issue Date | Not yet assigned |

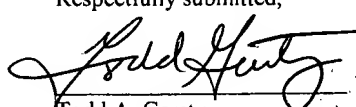
ENCLOSURES (check all that apply)


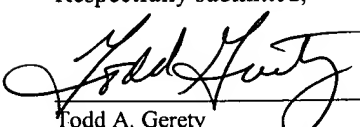
| | | |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input checked="" type="checkbox"/> Copy of Fee Transmittal Form <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] <input checked="" type="checkbox"/> Petition for Extension of Time (3 Month) <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citation Labeled C13 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input checked="" type="checkbox"/> Power of Attorney (Copy) (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate) | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below) <input type="checkbox"/> |
|--|--|---|

CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
 Proskauer Rose LLP
 One International Place
 Boston, MA 02110-2600
 Tel. No.: (617) 526-9600
 Fax No.: (617) 526-9899

SIGNATURE BLOCK

Respectfully submitted,

 Date: February 27, 2006
 Reg. No.: 51,729
 Tel. No.: (617) 526-9655
 Fax No.: (617) 526-9899
 Todd A. Gerety
 Attorney for the Applicant
 Proskauer Rose LLP
 One International Place
 Boston, MA 02110-2600

| <div style="float: left; width: 30%;">  </div> <div style="float: right; width: 70%; text-align: right;"> TRANSMITTAL FY 2006 </div> | | | | | Complete if Known | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-----------------------|--|--------------------|----------|--|--------------|-----------------------------------|-------------|----------|-----------------------|-----------------------|----------------------------|----------|-----|------------------|-------------------------------------|-----|-----|----------|---|-----|-----|-----|---------------------------|---------|-------|-------|-------------------------------------|--|-------------|-----|--|---|-----|------------------------------|--|--|-------|-----|--|----------|-------|-----|--|--|-------|-------|--|--|-----|-----------------------|---|----|--|-----|--|---------------------|-------------------|-----|--------------------------|--|---|---|---------------------------|---------------------|----------------|-----|-------------------|--|--|-----|---|-----------------|-----|-----|--|----------------------|-----|-----|---|--|---------------|----|-----------------------------------|--|--|--|---|--|--|--|---------------------|--|--|--|------------------|--------------------|
| <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other | | | | | Application Serial Number: 09/547,474 Filing Date: April 12, 2000 First Named Inventor: Sanders Group Art Unit: 2611 Examiner Name: Huynh, Son P. Attorney Docket No.: SEA-036(6) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| METHOD OF PAYMENT | | | | | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-3081 | | | | | 4. ADDITIONAL FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit. | | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Large Entity Fee (\$)</th> <th style="width: 15%;">Small Entity Fee (\$)</th> <th style="width: 55%;">Fee Description</th> <th style="width: 15%;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>130</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>50</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>130</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>2,520</td> <td>2,520</td> <td>Request for ex parte re-examination</td> <td></td> </tr> <tr> <td>120</td> <td>60</td> <td>Extension for reply within 1st mo.</td> <td></td> </tr> <tr> <td>450</td> <td>225</td> <td>Extension for reply within 2nd mo.</td> <td></td> </tr> <tr> <td>1,020</td> <td>510</td> <td>Extension for reply within 3rd mo.</td> <td>1,020.00</td> </tr> <tr> <td>1,590</td> <td>795</td> <td>Extension for reply within 4th mo.</td> <td></td> </tr> <tr> <td>2,160</td> <td>1,080</td> <td>Extension for reply within 5th mo.</td> <td></td> </tr> <tr> <td>500</td> <td>250</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>500</td> <td>250</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1,000</td> <td>500</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>400</td> <td>0</td> <td>Petitions to the Director</td> <td></td> </tr> <tr> <td>180</td> <td>180</td> <td>Submission of IDS</td> <td></td> </tr> <tr> <td>790</td> <td>395</td> <td>Filing a submission after final rejection (37 CFR 1.129(a))</td> <td></td> </tr> <tr> <td>790</td> <td>395</td> <td>For each additional invention to be examined (37 CFR 1.129(b))</td> <td></td> </tr> <tr> <td>100</td> <td>100</td> <td>Certificate of Correction for applicant's error</td> <td></td> </tr> <tr> <td>110</td> <td>55</td> <td>Submission of Terminal Disclaimer</td> <td></td> </tr> <tr> <td colspan="2"></td> <td>Other fee (Specify) Request For Continued Examination</td> <td></td> </tr> <tr> <td colspan="2"></td> <td>Other fee (Specify)</td> <td></td> </tr> <tr> <td colspan="2"></td> <td>4. TOTAL:</td> <td>\$ 1,520.00</td> </tr> </tbody> </table> | | | | | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid | 130 | 65 | Surcharge - late filing fee or oath | | 50 | 25 | Surcharge - late provisional filing fee or cover sheet | | 130 | 130 | Non-English specification | | 2,520 | 2,520 | Request for ex parte re-examination | | 120 | 60 | Extension for reply within 1 st mo. | | 450 | 225 | Extension for reply within 2 nd mo. | | 1,020 | 510 | Extension for reply within 3 rd mo. | 1,020.00 | 1,590 | 795 | Extension for reply within 4 th mo. | | 2,160 | 1,080 | Extension for reply within 5 th mo. | | 500 | 250 | Notice of Appeal | | 500 | 250 | Filing a brief in support of an appeal | | 1,000 | 500 | Request for oral hearing | | 400 | 0 | Petitions to the Director | | 180 | 180 | Submission of IDS | | 790 | 395 | Filing a submission after final rejection (37 CFR 1.129(a)) | | 790 | 395 | For each additional invention to be examined (37 CFR 1.129(b)) | | 100 | 100 | Certificate of Correction for applicant's error | | 110 | 55 | Submission of Terminal Disclaimer | | | | Other fee (Specify) Request For Continued Examination | | | | Other fee (Specify) | | | | 4. TOTAL: | \$ 1,520.00 |
| Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130 | 65 | Surcharge - late filing fee or oath | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 | 25 | Surcharge - late provisional filing fee or cover sheet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130 | 130 | Non-English specification | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2,520 | 2,520 | Request for ex parte re-examination | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 120 | 60 | Extension for reply within 1 st mo. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 450 | 225 | Extension for reply within 2 nd mo. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1,020 | 510 | Extension for reply within 3 rd mo. | 1,020.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1,590 | 795 | Extension for reply within 4 th mo. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2,160 | 1,080 | Extension for reply within 5 th mo. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 500 | 250 | Notice of Appeal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 500 | 250 | Filing a brief in support of an appeal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1,000 | 500 | Request for oral hearing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 400 | 0 | Petitions to the Director | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 180 | 180 | Submission of IDS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 790 | 395 | Filing a submission after final rejection (37 CFR 1.129(a)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 790 | 395 | For each additional invention to be examined (37 CFR 1.129(b)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100 | 100 | Certificate of Correction for applicant's error | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110 | 55 | Submission of Terminal Disclaimer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Other fee (Specify) Request For Continued Examination | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Other fee (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 4. TOTAL: | \$ 1,520.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEE CALCULATION | | | | | TOTAL AMOUNT SUBMITTED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Application Type</th> <th style="width: 15%;">Filing</th> <th style="width: 15%;">Search</th> <th style="width: 15%;">Examination</th> <th style="width: 40%;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>500</td> <td>200</td> <td></td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> <td>130</td> <td></td> </tr> <tr> <td>Plant</td> <td>200</td> <td>300</td> <td>160</td> <td></td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>500</td> <td>600</td> <td></td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>0</td> <td>0</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: center;"><i>Small Entity Discount</i></td> </tr> <tr> <td colspan="4" style="text-align: right;">1. TOTAL</td> <td>0</td> </tr> </tbody> </table> | | | | | Application Type | Filing | Search | Examination | Fee Paid | Utility | 300 | 500 | 200 | | Design | 200 | 100 | 130 | | Plant | 200 | 300 | 160 | | Reissue | 300 | 500 | 600 | | Provisional | 200 | 0 | 0 | | <i>Small Entity Discount</i> | | | | | 1. TOTAL | | | | 0 | 2. EXCESS CLAIM FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Fee</th> <th style="width: 40%;">Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent.</td> <td>50</td> </tr> <tr> <td>Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.</td> <td>200</td> </tr> <tr> <td>Total Claims</td> <td>Extra Claims</td> </tr> <tr> <td>83 - 20 or 73 HP=</td> <td>10</td> </tr> <tr> <td colspan="2">X \$50 = 500.00</td> </tr> <tr> <td colspan="2">HP = highest number of total claim paid for, if great than 20</td> </tr> <tr> <td>Indep. Claims</td> <td>Extra Claims</td> </tr> <tr> <td>9 - 3 or 9 HP=</td> <td>0</td> </tr> <tr> <td colspan="2">X \$200 =</td> </tr> <tr> <td colspan="2">HP = highest number of total claim paid for, if great than 3</td> </tr> <tr> <td>Multiple Dependent Claims</td> <td>Fee (\$)</td> </tr> <tr> <td></td> <td>360</td> </tr> <tr> <td>Small Entity fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td>180</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">2. TOTAL:</td> </tr> <tr> <td colspan="2" style="text-align: right;">500.00</td> </tr> </tbody> </table> | | | | | Fee | Small Entity Fee (\$) | Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent. | 50 | Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent. | 200 | Total Claims | Extra Claims | 83 - 20 or 73 HP= | 10 | X \$50 = 500.00 | | HP = highest number of total claim paid for, if great than 20 | | Indep. Claims | Extra Claims | 9 - 3 or 9 HP= | 0 | X \$200 = | | HP = highest number of total claim paid for, if great than 3 | | Multiple Dependent Claims | Fee (\$) | | 360 | Small Entity fee (\$) | Fee Paid (\$) | 180 | | 2. TOTAL: | | 500.00 | | | | | | | | | | | | | | | |
| Application Type | Filing | Search | Examination | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Utility | 300 | 500 | 200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Design | 200 | 100 | 130 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plant | 200 | 300 | 160 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reissue | 300 | 500 | 600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provisional | 200 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Small Entity Discount</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. TOTAL | | | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee | Small Entity Fee (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent. | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent. | 200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims | Extra Claims | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 83 - 20 or 73 HP= | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X \$50 = 500.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HP = highest number of total claim paid for, if great than 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indep. Claims | Extra Claims | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 - 3 or 9 HP= | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X \$200 = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HP = highest number of total claim paid for, if great than 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple Dependent Claims | Fee (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 360 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Small Entity fee (\$) | Fee Paid (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 180 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. TOTAL: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 500.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. APPLICATION SIZE FEE If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | SIGNATURE BLOCK Respectfully submitted,  Date: February 27, 2006 Reg. No.: 51,729 Tel. No.: (617) 526-9655 Fax No.: (617) 526-9899 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Total Sheets</th> <th style="width: 15%;">Extra Sheets</th> <th style="width: 20%;">Additional 50 or fraction thereof</th> <th style="width: 15%;">Fee (\$)</th> <th style="width: 35%;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>-100 =</td> <td>/50 =</td> <td>round up to a whole number</td> <td>x</td> <td>=</td> </tr> <tr> <td colspan="4" style="text-align: right;">3. TOTAL:</td> <td>0</td> </tr> </tbody> </table> | | | | | Total Sheets | Extra Sheets | Additional 50 or fraction thereof | Fee (\$) | Fee Paid | -100 = | /50 = | round up to a whole number | x | = | 3. TOTAL: | | | | 0 | Todd A. Gerety Attorney for the Applicant Proskauer Rose LLP One International Place Boston, MA 02110 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Sheets | Extra Sheets | Additional 50 or fraction thereof | Fee (\$) | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| -100 = | /50 = | round up to a whole number | x | = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. TOTAL: | | | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CORRESPONDENCE ADDRESS | | | | | 4. TOTAL: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Direct all correspondence to: Patent Administrator Proskauer Rose LLP One International Place Boston, MA 02110 Tel. No.: (617) 526-9600 Fax No.: (617) 526-9899 | | | | | 4. TOTAL: \$ 1,520.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |